



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 036600063

CITY OR TOWN EASTHAMPTON

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: SHELBURNE FALLS COFFEE ROASTERS, LLC

DOING BUSINESS AS

ADDRESS 47 UNION STREET

CITY/TOWN: EASTHAMPTON

STATE: MA

ZIP CODE: 01027

MANAGER: MANAU, SARA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

RETAIL STOREFRONT ON UNION STREET; MAIN CUSTOMER AREA IS FRONT ROOM, 900 SQ.FT.  
INCLUDES CUSTOMER SERVICE COUNTER & EMPLOYEE WORK AREA; KITCHEN IS 96 SQ.FT.  
(54SQ.FT) LEADING TO BATHROOM & BACK ROOM; BATHROOM IS 70 SQ.FT., BACK ROOM WITH  
CUSTOMER SEATING IS 290 SQ.FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: